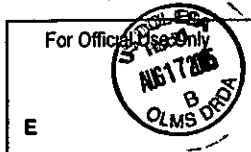


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8102	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Dennis R Farmer P O Box Bldg Room No If any Street 821 Chicago Road City Chicago Heights State Illinois ZIP Code + 4 60411	4 Name file number and address of labor organization Name Chicago Regional Council of Carpenters Labor Organization File Number 001-949 P O Box Building and Room Number if any Street 12 East Erie Street City Chicago State Illinois ZIP Code + 4 60611
5 Position in labor organization Business Rep./Financial Secretary Local 272	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income 7.b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Dennis R Farmer

On 8/12/05
Date

708-765-6879
Telephone Number

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/>	2 Fiscal Year Covered From <input type="text"/> / <input type="text"/> / <input type="text"/> Through <input type="text"/> / <input type="text"/> / <input type="text"/>
3 Name and address of person filing Name <input type="text"/> <input type="text"/> <input type="text"/> P O Box Bldg Room No If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4 Name file number and address of labor organization Name <input type="text"/> Labor Organization File Number <input type="text"/> P O Box Building and Room Number If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5 Position in labor organization <input type="text"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<p>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7 a. Nature of Interest, Transaction or Income</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>7 b. Amount</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dennis R Farmer

On

8/12/05

Date _____

708-755-6879

Telephone Number _____

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Dennis R. Farmer 8/12/05
Signature Date